



KAWEMPE HOME CARE ANNUAL REPORT APRIL 2021 – MARCH 2022



Delivering quality holistic health care to people with HIV, TB, Cancer and other health related issues, through community-based care models.

Contents

| | |
|---|-------------------------------------|
| ABBREVIATIONS | 4 |
| VISION | 5 |
| MISSION | 5 |
| GOALS..... | 5 |
| CORE VALUES..... | 5 |
| BOARD CHAIRMAN’S REMARKS..... | Error! Bookmark not defined. |
| EXECUTIVE DIRECTOR’S REMARKS | 6 |
| 1.0 Comprehensive Care for people with HIV/AIDS, Tuberculosis and Cancer | 7 |
| 1.0 HIV/AIDS care | 7 |
| 1.1.1 HIV testing services | 7 |
| 1.1.2 Clients active on ART..... | 7 |
| 1.1.3 Viral load suppression of clients on ART | 7 |
| 1.1 <i>Tuberculosis</i> | 9 |
| 1.3 <i>Palliative Care</i> | 10 |
| 1.3.2 New Hope Children’s Hostel | 10 |
| 2.0 INTEGRATED SERVICES | 11 |
| 2.1 <i>Family Planning</i> | 11 |
| 2.2 <i>Cervical Cancer Screening</i> | 11 |
| 2.3 <i>Immunization</i> | 12 |

| | |
|---|-----------|
| 3.0 ORPHANS AND VULNERABLE CHILDREN CARE | 12 |
| <i>3.1 Home Care Educational Support (HES)</i> | <i>12</i> |
| 4.0 STORES AND LOGISTICS..... | 12 |
| 5.0 HUMAN RESOURCE | 13 |
| 5.0 TRAINING AND CAPACITY BUILDING | 15 |
| <i>6.2 Resource Mobilization Networking & Publicity</i> | <i>16</i> |
| 6.0 DONATIONS | 20 |
| 7.0 FINANCIAL REPORT | 23 |
| 9.0. Challenges Experienced | 26 |
| APPRECIATION OF KAWEMPE HOME CARE SUPPORTERS | 27 |
| | 27 |
| LEADERSHIP TEAM | 28 |
| Management Team..... | 29 |

ABBREVIATIONS

| | |
|---------|---|
| AIDS | Acquired Immune-deficiency Syndrome |
| ART | Antiretroviral Therapy |
| PREART | Pre Antiretroviral Therapy |
| ARV | Antiretroviral |
| CB-DOTS | Community Based Directly Observed Therapy |
| CME | Continuous Medical Education |
| CSW | Commercial Sex Workers |
| DHIS2 | District Health Information System 2 |
| DNA | Deoxyribose Nucleic Acid |
| EID | Early Infant Diagnosis |
| EMTCT | Elimination of Mother-To-Child Transmission |
| HAART | Highly Active Anti-Retroviral Therapy |
| HTS | HIV Counseling and testing |
| HES | Home Care Education Support |
| HIV | Human Immunodeficiency Virus |
| IDI | Infectious Diseases Institute |
| KHC | Kawempe Home Care |
| MAM | Moderate Acute Malnutrition |
| MARPS | Most At Risk Populations |
| MOH | Ministry Of Health |
| OI | Opportunistic Infection |
| OVC | Orphans and Vulnerable Children |
| PCR | Polymerase Chain Reaction |
| PLHA | People Living with HIV/AIDS |
| TB | Tuberculosis |

VISION

A vibrant self-sustaining centre of excellence, providing compassionate health care.

MISSION

To deliver quality health care to people with HIV, TB, cancer and other health related issues, through community based holistic care models.

GOALS

1. Comprehensive care and support to people with HIV/AIDS, Tuberculosis, and other health related issues.
2. Comprehensive care to orphans and vulnerable children.
3. Patient support and palliative care for people with cancer.
4. Advocacy for improved healthcare.
5. Build capacity for organizational sustainability, including establishing a home for KHC.

CORE VALUES

- Compassionate care
- Excellence
- Honesty & integrity
- Accountability & transparency
- Non-discrimination/ respect for each other
- Commitment to empowering and developing people to their optimum potential.



EXECUTIVE DIRECTOR'S REMARKS

Dear friends and partners, on behalf of the staff, volunteers and clients of Kawempe Home Care (KHC), I welcome you to join us in this review of the work done in the year 2021-22. During this year KHC continued to operate in the “new normal” which involved having more online meetings, few participants in physical meetings especially when another National COVID-19 lockdown was imposed due to the surging new positive cases from the Omicron variant. Even through this, the KHC team continued to work and support patients through new and innovative ways. We have over the years achieved good treatment outcomes in HIV/TB care for our patients through effective community engagement through working community volunteers, champions, religious and political leaders. This year our community based holistic model of care has enabled us to reach out 4930 people with health care services, 45 people with TB and 27 adults with cancer, 157 children with cancer. This model of care has enabled KHC to make a significant contribution to the fight against HIV/AIDS using the 95-95-95 UNAIDS strategy.

At the end of the year, we had a total of 2395 HIV positive clients active in care and of these 2391 (99%) are on antiretroviral therapy (ART) AND 4 clients on PREART. During the year, 4500 people were tested for HIV; 132 (2.9%) of these turned HIV positive and 132 (100%) were enrolled in care. 1457 Key populations were screened for HIV and 31 (2.1%) tested positive

The achievements this year have been made possible by our development partners; the Centre for diseases control and prevention (CDC) who fund the Kampala region HIV project that is implemented by the Infectious Diseases Institute (IDI), Friends of Reach out FORO, ELMA Philanthropy, Samaritan HealthCare who support our palliative care program and our private donors in Australia, USA, Norway, the United Kingdom, Denmark and Uganda. We really appreciate all the support provided through the year.

I would also like to thank Team KHC for the wonderful team spirit and excellent work that they have done during the year. All our achievements have been made possible by their hard work. Finally, we greatly appreciate our board of directors for the guidance and mentorship they have provided to the KHC management team

Yours sincerely,

Dr. Samuel Guma
Executive Director

1.0 Comprehensive Care for people with HIV/AIDS, Tuberculosis and Cancer

Kawempe Home Care provides for clients who are disadvantaged, with care and treatment for HIV/AIDS, TB and cancer at the KHC health clinic and Kasangati outreach. The community volunteers provide services such as community HIV testing targeting men and commercial sex workers, and family planning services. To ensure quality services, supervision is conducted by the medical team and managers.

1.0 HIV/AIDS care

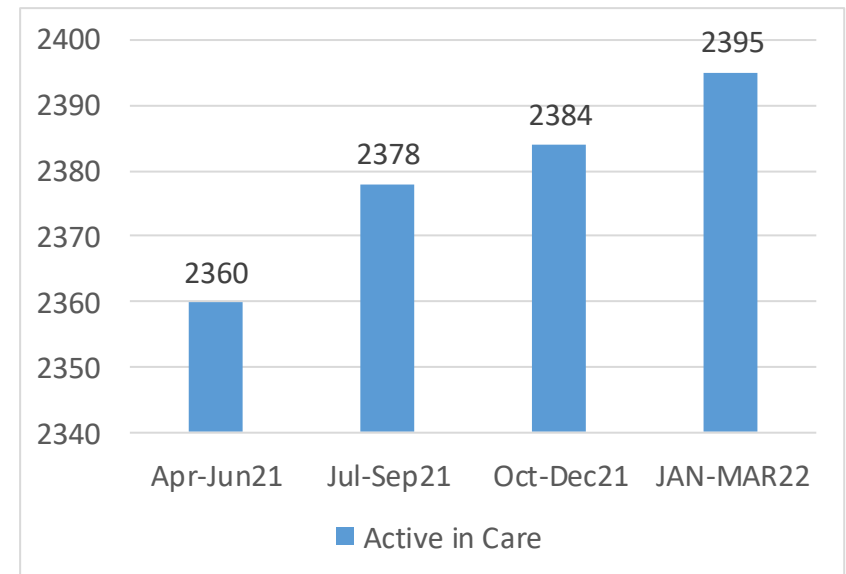
1.1.1 HIV testing services

During the year 4500 people were tested for HIV; 132 (2.9%) of these were HIV positive and 132 (100%) were enrolled in care. 1,457 (32%) of the people who were tested were in key populations from the hotspots of Kawempe Division (Kidansolo; Kiwala; Kisowela; Kimansulo; Kamalimali; Kimana; Katogo; Kweyiya; Tujanjawaze Soweto; Kitetika; Kitezi land refill; Bubumbuli valley; Kadingidi babies bar Kazinga; Kibwa zone and Kawempe corner zone).



Pic 1: HIV testing in the community by community volunteer

Graph 1: active clients on art throughout the year



1.1.2 Clients active on ART

At the end of the year, we had a total of 2391 clients active in care and on ART and 4 clients on PREART.

1.1.3 Viral load suppression of clients on ART

The overall suppression rate for clients bled was 95% for all the valid results for the past 12 months. Children below 15 yrs had viral load suppression at 91%, 15-19 yrs at 96%, 20 yrs and above at 93%.

The following is a representation of the annual performance on key indicators:

Graph 3: TB treatment outcomes for all TB

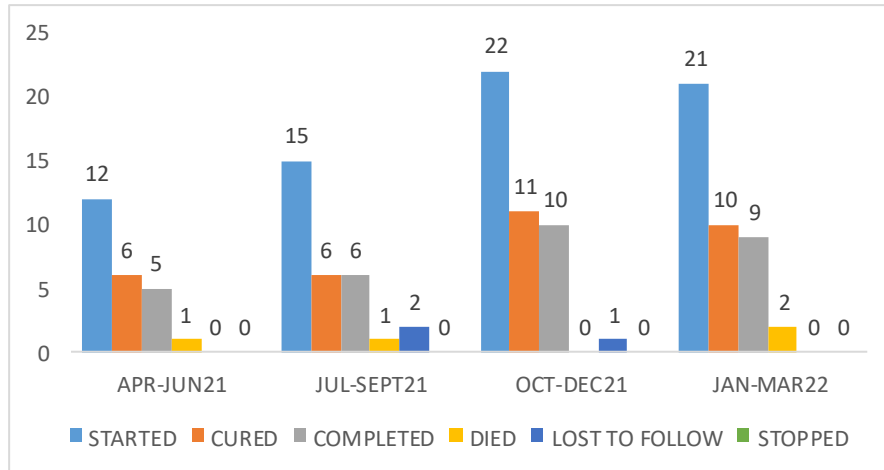
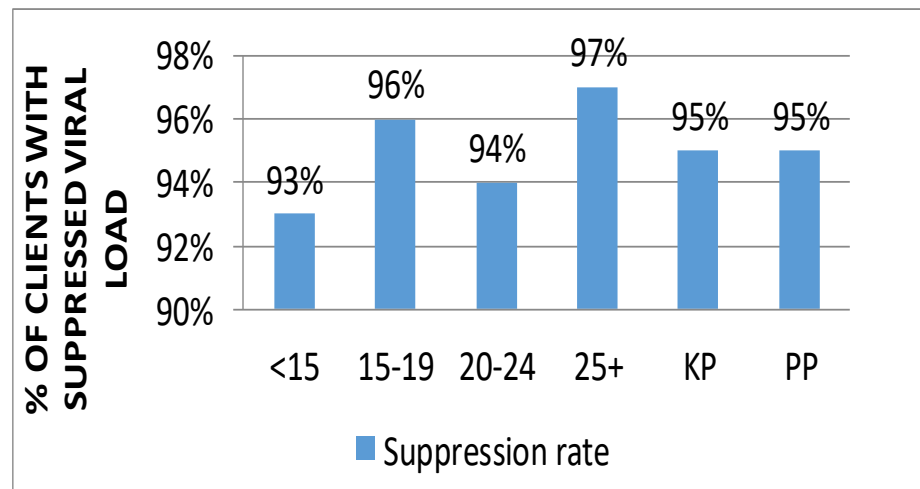


Table 1: HTS uptake throughout the year

| QUARTERS | TESTED POSITIVE | LINKED | ENROLLED |
|------------|-----------------|--------|----------|
| APR-JUN21 | 28 | 28 | 28 |
| JUL-SEPT21 | 33 | 33 | 33 |
| OCT-DEC21 | 40 | 39 | 39 |
| JAN-MAR22 | 36 | 36 | 36 |

Graph 4: Viral Load suppression rates Jan-Mar22



1.1 Tuberculosis

TB services are provided by a multi-disciplinary team of carers that comprise of health professionals and community which play an important role by monitoring adherence to medication and tracking TB patients who miss clinic appointments.

This network of carers enabled us to attain the following outcomes during the year.

Volunteers who are trained in provision of Community Based Directly Observed Therapy (CB-DOT). 2387 clients were screened for TB, 45 of them were confirmed with active TB with the aid of TB diagnostic algorithm. 2149 clients registered to having started TB prevention treatment.

Paul's story

"I was tested HIV positive in 2003 and through KHC counselling services given to me, I accepted to start ART unfortunately during this period I lost hope and started selling all my properties thinking that HIV is incurable. This reckless behavior led to me to multiple sexual partners and also poor adherence to my ARVs" Paul says.



Pic2 : Paul during the first home visit

Over a period of time Paul fell sick, lost weight, appetite and was bed ridden for some good time with no food, water and no one to take care of him. After all attempts to reach him through phone call failed, a team of KHC community volunteers were deployed to do door to door follow up through the bring back to care campaign (BBC). They found him bed ridden and tested positive for spinal TB. He was then started on TB treatment, given food support and received house calls every Wednesday during routine health check-ups from clinicians.

Because he was unable to care for myself, KHC staff talked to his immediate family who had abandoned him due to his reckless behavior and were encouraged to come and take care of him.



Pic3: Paul 6months on TB AND ART TREATMENT

From then on he was able to eat 3 nutritious meals a day and eventually I gained his strength back.

"I am now 41 years old and I want to take this opportunity to thank Kawempe home care as a team for their holistic care that have rendered to me and I would like to send this message to all HIV/ TB confected persons not to lose hope Kawempe home care is always there for you.



Pic4: Paul one year after completing TB treatment and continuous ART treatment

1.3 Palliative Care

KHC offers palliative care to clients with cancer at the KHC health clinic and at the New Hope Children's Hostel.

1.3.1 Home based palliative care for cancer patients

The palliative care services for outpatients at the KHC health clinic include pain relief, psychosocial, spiritual and social support. For this period, KHC had 27 clients in cancer care 26 of these clients are HIV positive and 1 HIV negative.

1.3.2 New Hope Children's Hostel

New Hope Children's Hostel (NHCH) has since September 2016 cared for 697 children. 176 children have completed cancer treatment and they are coming currently back for routine medical reviews to monitor their health status. 134 still on treatment, 97 cannot be reached and 290 children have sadly died.



Pic5: Hostel nurse assessing nutrition status of the child

In this reporting period the hostel operated at full capacity and averagely we accommodated 31 patients and their caretakers per month. 157 children were cared for having 80 readmissions and 77 new enrolments.

Table 2: shows the different type of cancers that have affected the children in the hostel;

| Type of cancer | Number of children |
|-------------------------------|--------------------|
| Sacral osteosarcoma | 3 |
| Esophageal cancer | 4 |
| Lymphoblastic lymphoma | 4 |
| Germ cell tumor | 5 |
| Oral pharyngeal cancer | 3 |
| Chondrosarcoma | 2 |
| Cervical cancer | 2 |
| Brain tumor | 15 |
| Frontal ethmoidal mass | 4 |
| Lymphadenopathy | 4 |
| Penile cancer | 5 |
| Diffuse large B-cell lymphoma | 15 |
| Squamous cell carcinoma | 11 |
| Neurofibroma | 25 |
| Retinoblastoma | 84 |
| Osteosarcoma | 36 |
| Kaposi's sarcoma | 27 |
| Malignant abdominal tumor | 50 |
| Burkitt's lymphoma | 41 |
| Leukemia | 123 |
| Hodgkin's lymphoma | 69 |
| Nephroblastoma | 137 |
| Lung cancer | 1 |
| Liposarcoma | 1 |

A Child's story.

Marvin is 2 years old boy and the youngest of three children. His parents are peasant farmers.

He was 10 months old when he became sick and he was taken to a local medical Centre where he received treatment for malaria and infection. However, there was no improvement after 3 days and he went back to the medial Centre and a scan was taken which showed he had a mass in his bladder. Malvin had an operation to remove the tumor.



Pic 6: Marvin during his stay at New hope children's hostel.

A month later the tumor reoccurred and the doctors again operated and the biopsy showed he had cancer. He was then referred to the Uganda Cancer Institute in Kampala.

Additional tests were conducted and during this time his mother was referred to New Hope Children's Hostel for support. In February 2021 Marvin started treatment and underwent his third operation and was then started on chemotherapy.

Marvin has certainly had a tough journey for someone who is only 2 years old. We are very pleased that his health is now improving.

"It is very hard to see your baby so ill. If it were not for the hostel some of us would have had to give up bringing our children for cancer treatment as many of the families in the rural villages, cannot afford to pay for the accommodation, food and transport needed to access treatment for our children" says Marvin's mother

She added "I greatly appreciate the loving support of the hostel as they have made it possible for Marvin to get well."

This is why your support is so important to the lives of these children and their families. We cannot do it alone and rely on the support or our friends and partners to keep the hostel operating.

2.0 INTEGRATED SERVICES

2.1 Family Planning

Community family planning services are also for women and girls. Community volunteers provided education, referral and simple family planning methods to 430 women and girls during the reporting period, 102 new users and 328 re-users of the women that attended the clinic.

2.2 Cervical Cancer Screening

During the reporting period 297 women and girls were screened for cancer with 5 positive case which was referred to Mulago hospital for further management and 3 suspects were treated with thermocoagulation.

2.3 Immunization

KHC carried out 2487 immunizations within Kawempe catchment area. Vaccinations administered include HPV, Polio, BCG, IPV,DPT,PCV, measles in both static and outreach clinics.

3.0 ORPHANS AND VULNERABLE CHILDREN CARE

3.1 Home Care Educational Support (HES)

The program has supported 76 children with school fees when schools opened after the first lockdown beginning January 2022. children were supported with school fees and other scholastic materials including books, pens, mathematical sets, toilet paper, and sanitary pads for girls among other school requirements.

Table 3: Shows the number of children on HES

| Education Levels | Number children | HIV infected | HIV negative |
|------------------|-----------------|--------------|--------------|
| Primary | 50 | 31 | 19 |
| Secondary | 23 | 14 | 9 |
| Tertiary | 3 | 2 | 1 |
| Total | 76 | 47 | 29 |

4.0 STORES AND LOGISTICS

During the year, the stores section had a needs assessment to enable the smooth transition from Medical Access Uganda limited to Joint Medical Stores that will mainly involve online ordering system for all Medicines used at KHC.



Pic 7: On-going mentorship in the stores department

5.0 HUMAN RESOURCE

Best employees of the year are chosen by staff for their outstanding performance.



Pic 8: Timothy Wambalya

Timothy has been with KHC for the past 4 years. As a Data Clerk, he is responsible for inputting client's information in the Electronic Medical Records system and ensuring proper documentation for the Health Management Information System (HMIS) registers.



Pic 9: Bertha Kinyatta

Dr. Bertha has been with KHC for the past 5 years. She leads by example and has instilled a sense of trust and respect with her colleagues.



Pic 10: Nabikolo Fatuma

Fatima has worked as a community volunteer for the past 3 years. Fatuma is a very active supporter in the community and the service that the community volunteers provide is incredibly important.

5.0 TRAINING AND CAPACITY BUILDING

Kawempe Home Care managed to sail through the second year of the Covid-19 pandemic with a few challenges though the clinic remained operational even during the lock down. We continued to deliver medicines to our clients even when public and private transport was closed. As essential workers we secured car stickers from Ministry of Works to ensure that our services were not affected.

We had several team building activities like the Annual Cancer Run, the Uganda TB marathon, the SIOP conference

Kawempe Home Care enhances capacity build and skills training for all our staff through looking out for opportunities for them to progress in their different career paths. This year we had several of our staff who returned to school to upgrade their education status graduate. These included the Finance manager (Nafuna Patricia) and the Skills and Empowerment manager (Ruth Musimenta) graduated with Honors from Ndejje University.



Pic 11: Patricia Nafuna (left) and Ruth Musimenta(right)

New members to KHC team

For the 2020/2021 the KHC team recruited four new members to fill out the vacant positions that were left. These included three counsellors and one cashier. The new staff are all proud to be associated with kawempe Home Care and pledged to work to lift the standards of the organization higher. These included Kyampire Doreen, Kabunga Simon, Kasangat Josephine and Ngeri Joan.

Training April 2021-March 2022

| Training Type | Number of trainings | Number of participants |
|------------------------------|---------------------|------------------------|
| Palliative care | 1 | 18 |
| Weekly internal CME | 13 | 160 |
| External HIV/ TB training | 1 | 3 |
| CME with external presenters | 4 | 67 |
| KCCA covid-19 vaccination | 1 | 11 |

Volunteering

Due to the easing of the lockdown and the opening up of the airport we were able to receive a few international volunteers who were glad to work with Kawempe Home Care. These included Vadim Marshencko from Germany and Freda from Australia. They were both stationed at the New Hope Children's Hostel, their time and contributions were greatly appreciated.

The community volunteers tirelessly continued to penetrate the communities to ensure that even during the lock down all clients were reached. All our clients received their medicines timely and efforts were made to reach even the remotest areas within our catchment.

Activities continued as usual with services like HTS for MARPS, adherence monitoring and family planning activities in addition to offering of palliative care through weekly home visits offered by the clinicians and community volunteers.



Pic 12: Vadim Marshenko accepting a volunteer's certificate from the program's manager.

6.2 Resource Mobilization Networking & Publicity

One of the responsibilities of Kawempe Home Care and the New Hope Children's Hostel is to raise awareness for childhood cancer in Uganda. Increased awareness and knowledge will not only help to mobilize local and international resources for cancer, palliative care but also positively influence early detection and help to improve treatment results. In this spirit, KHC has increased her cooperation with local member organizations and the international ones.

3rd Uganda Conference on Cancer and Palliative Care was held on 23-24 September, it was little different as due to Covid19 it was a virtual conference.

The conference focused on 'Providing cancer and palliative care to people with cancer during the response to Covid19 and other challenging situations.

New Hope Children's Hostel Operations Manager, Claire Namulwa presented virtually and shared about the retention in care for children suffering from cancer through provision of psychosocial support during the COVID-19 lockdown. And some of the staffs attended virtually.



Global giving campaign was carried out in September 2021 so as to raise funds to support the work of KHC.

The Hostel collaborates closely with the Uganda Cancer Institute to ensure care and safety for the children through the referral system, attend virtual meetings, mutual visits and regular telephone calls. During the reporting period, in collaboration with Uganda cancer society as the umbrella organisation for the civil society, KHC was able to work with a number of member organisations like Rays of Hope hospice Jinja, UCASWO, Bless a Child Foundation, PCAU, to increase awareness for cancer and also improve on their partnerships for the better care outcomes of the patients.



In the month of February 2022, KHC joined the rest of the world to commemorate **World Cancer Day and International Childhood Cancer Day (ICCD)**. The theme for the WCD is “Closing Care the Gap” which will run until 2024 while for the ICCD is “Through Your Hands”. This event was a collaborative campaign for increased cancer awareness to express support for children, adolescents, survivors and their families.



Pic 13: world cancer day and international childhood cancer day celebrations

Palliative Care Association of Uganda supported KHC to participate in the **14th International Society of Pediatric Oncology conference** which was hosted by Uganda Cancer Institute. Atuhaire Auleria a palliative care nurse was fully sponsored to attend a three day conference from 16th- 18th March 2022. She also presented an abstract about psychosocial issues experienced by adolescents with cancer at the hostel.

KHC also participated in the organization work of the conference as a partner organization with UCI. There was another abstract presented by the hostel operations manager Claire Namulwa about psychosocial support for vulnerable children with cancer during COVID19 lockdown.



Pic 14: Claire(left) and Auleria(right) at the International society of Pediatric oncology conference

All these abstracts were presented under the civil society tracker and Uganda Cancer Society is the umbrella organization and currently the executive director of KHC Dr. Samuel Guma is the board chairman.

A lot of civil society actors and partners from Zimbabwe, South Africa, USA, Italy, Malawi, Kenya, Burundi, Mauritius, Ghana, Ethiopia and Uganda among others participated in 14th congress of the SIOP Africa which took place at Kampala Serena hotel. The theme for the conference was “innovate for Africa” through galvanizing Civil Society Organizations to support and synergy to amplify the fight against childhood Cancer.

KHC becomes a member of the Union for International Cancer Control (UICC)

We are very pleased to be a member of this global community which has 1200 members in over 70 countries.

Our membership acknowledges Kawempe Home Care's contribution to fight cancer.

UCII is considered the world's leading cancer organisation and the activities are shaped by the World Cancer Declaration which sets out a framework to help reduce the global cancer burden by 2025 including through the adoption of the 2017 cancer resolution.

As a UICC member, KHC will be able to connect globally, increase our impact and be a voice for the global cancer movement.

KHC staff joined the Uganda Rotary Fraternity in their 10th Rotary Cancer Run. This annual event raises much needed funds for cancer programs. The money raised at this event will go to construction of Radiotherapy Bunkers at Nsambya hospital in Kampala.



Pic 15: KHC staff participating in the virtual cancer run

6.0 DONATIONS

In December 2021, Kawempe Home Care took children for a day out and made a Christmas party for children suffering from cancer at the hostel. Thanks to Carol and Tom, the friends of KHC who paid up all the bills for the happiness and celebration of these children and their families.

KHC also locally collected in-kind donations throughout the year. We had three churches (Worship Harvest, Healing water, Christ's Heart) donating, cooperate companies (JESA co.ltd, NAFOPHANU) seven groups (Human R. house, Kicoco and friends, bakers at Gayaza, Mitina and friends, SCOGA girls), six individuals and four families. The donated food stuffs, cleaning materials, beds, mattresses, water harvest tank, Gotv decoder, television, toys, clothes, mosquito nets. Some donated more than once and we are so proud of all these fellow Ugandans for having supported the work of the organization and the vulnerable people.

There were also partner originations and individuals who supported KHC with cash donations.

This money was both restricted and unrestricted to support things such as medicines for patients, scans, foods, repairs and maintenance, transport support for Patients, Christmas party for

children, generator among others. The donors and partners of KHC like Infection Diseases Institute (IDI), ELMA, Ministry of Health, Samaritan Healthcare and Hospice, Uganda Cancer Society, Palliative Care Association Uganda (PCAU), African Palliative Care Association (APCA), Friends for Reach Out (FORO) continued to finance and worked with the organization through this reporting period.



Pic 16: Donations from JESA co.ltd.





7.0 FINANCIAL REPORT

FINANCE AND GRANTS REPORT

This report includes the income and expenditure breakdown of Kawempe Home Care from April 2021 to March 2022. From the income received during the year, an amount of UGX 104,113,766 was carried forward as funds committed to projects. This income includes restricted funding for specific donor projects and unrestricted funding to cover activities that are in our 5 year strategic plan.

Below is the breakdown of both the income and expenditure.

| Income | AMOUNT (UGX) | AMOUNT (UGX) | AMOUNT (UGX) |
|--------------------------------------|---------------|----------------------|----------------------|
| Restricted | | | |
| CDC PEPFAR | 1,040,420,194 | | |
| USAID | 94,790,115 | | |
| FOUNDATION OPEN SOCIETY INSTITU | 90,033,400 | | |
| Friends Of Reach Out | 87,364,700 | | |
| Total Restricted | | 1,312,608,409 | |
| Unrestricted | | | |
| Food contribution | 10,320,000 | | |
| Bank Interest Earned | 780,562 | | |
| Samaritan Health Care & Hospice | 84,395,844 | | |
| ELMA Foundation | 87,750,000 | | |
| Private Donation | 185,119,578 | | |
| Income Generating Activity | 40,852,402 | | |
| Total Unrestricted | | 409,218,386 | |
| Total Income | | | 1,721,826,795 |
| | | | |
| Expense | | | |
| ORGANIZATIONAL SUSTAINABILITY | | | |

| | | | |
|--|-------------|----------------------|--|
| Administration | | | |
| Office Costs | 244,008,160 | | |
| Staff salary | 526,965,503 | | |
| Other staff cost | 172,324,525 | | |
| Total Administration | | 1,341,159,238 | |
| Governance | | 2,862,500 | |
| Skills Development & Empowerment | | 599,437 | |
| TOTAL ORGANIZATIONAL SUSTAINABILITY | | 1,344,621,175 | |
| | | | |
| COMPREHENSIVE CARE AND SUPPORT FOR PEOPLE WITH HIV/AIDS, TUBERCULOSIS AND OTHER HEALTH RELATED ISSUES | | | |
| HIV/AIDS Services | 76,509,873 | | |
| TB Services | 17,110,000 | | |
| Other medical care | 36,316,927 | | |
| Staff salary | 353,419,897 | | |
| TOTAL COMPREHENSIVE CARE AND SUPPORT FOR PEOPLE WITH HIV/AIDS, TUBERCULOSIS AND OTHER HEALTH RELATED ISSUES | | 129,686,800 | |
| | | | |
| COMPREHENSIVE CARE FOR ORPHANS AND VULNERABLE CHILDREN | | | |
| TOTAL COMPREHENSIVE CARE FOR ORPHANS AND VULNERABLE CHILDREN | | 22,344,000 | |
| PATIENT SUPPORT AND PALLIATIVE CARE FOR PEOPLE WITH CANCER | | | |
| Child friendly hostel | 72,444,900 | | |
| Palliative care | 4,175,000 | | |
| Staff salary | 44,441,154 | | |
| TOTAL PATIENT SUPPORT AND | | 121,061,054 | |

| | | | |
|---|--|--|----------------------|
| PALLIATIVE CARE FOR PEOPLE WITH CANCER | | | |
| TOTAL EXPENDITURE | | | 1,617,713,028 |
| SURPLUS | | | 104,113,766 |

Income received include the restricted income and the unrestricted income. The unrestricted income came to a total of UGX 409,218,386 and the restricted income came to a total of UGX 1,312,608,409 bringing the total income to UGX 1,721,826,795.

The income above was used to fund different activities in in the strategic goals as seen in the table above. These include Organizational sustainability that had total expenditure of UGX 1,344,621,175. Comprehensive care and support for people with HIV/AIDS tuberculosis and other health related issues had approximately UGX 129,686,800. UGX 22,344,000 was spent on activities related to comprehensive care for Orphans and vulnerable children. To successfully complete activities of strategic goal of patient support and palliative care for people with cancer, an amount of UGX 121,061,054 was spent. In total approximately UGX 1,617,713,028 was spent by close of financial year 2021-2022.

It will be noted that UGX 104, 113,766 was the registered surplus. These are carried forward funds committed to projects.

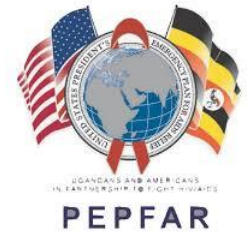
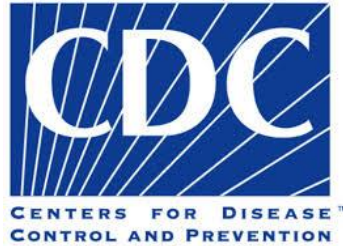
8.0. Challenges Experienced

- Insufficient PPE materials to help protect staff from COVID-19.
- The caregivers of the children at the hostel have a challenge paying for additional medications prescribed to the children at UCI. Caregivers also lack basic needs like sanitary towels, soap, smearing oil etc.
- Most of the clients have no transport to go back to their homes especially due to the increase of fuel prices and this has limited the space at the hostel hence denying a chance for more patients who need care.
- There is a great need for food support especially for children with cancer and breast-feeding mothers living with HIV brought about by the increase in food prices and reduced number of kind donations from good Samaritans.

9.0 Conclusion

The year 2021-22 was quite a challenging year, especially with the covid-19 pandemic where movement was restricted and the cost of living went up mainly due to high commodity prices. This led to a challenge in project implementation where budget gaps arose due to the economic crisis. Withstanding all that, the KHC team persisted in providing care and support to the vulnerable patients with HIV, TB and Cancer. We thank all volunteers, private donors and organizations who supported our work during these challenging times and we look forward to better times ahead.

APPRECIATION OF KAWEMPE HOME CARE SUPPORTERS



LEADERSHIP TEAM



Dr. Victor Musime
Board Chairperson



Ms. Immaculate Owomugisha
Board member- Legal Advisor



Ms. Aseku Edith
Corporate member.



Mrs. Komugisha Sarah
Board Member



Mr. Matovu William
Client representative.



Fr. John Bosco Mubangizi
Religious leader



Ms. Namusoke Naome
Management specialist



Ms. Fatia Kiyange
Public health expert



Dr. Guma Samuel
Board secretary

Management Team



Dr. Guma Samuel.
Executive/ Medical director



Mr. Gerever Niwagaba
Program Manager



Ms. Patricia Nafuna
Admin & Finance Manager



Ms. Ruth musimenta
Skills Development & Empowerment
Manager



Mrs. Diana Kambere
Nkurunziza
Head Monitoring & Evaluation



Ms. Alicitidia Tusiimemukama
Manager Community & Social
Support



Mr. John Apuuli
Head Laboratory Services



Ms. Claire Namulwa
Hostel Administrator



Ms. Immaculate Mugoma
Human Resource manager



Dr. Kinyatta Bertha
Clinical coordinator



Mr. Jaston Rutakubura



Mr. Elias Tumwine
Accountant